Exact

| 1 | | | | | | | |
|---|-----|----|---|----|---|----|----|
| • | PL/ | AC | E | OF | D | EA | TH |

County Worcester

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Pocomoke

St.: Ward)

(If death occurred in a hospital or Institu-tion, give its NAME in-stead of street and number.)

2FULL NAME Thelma Legrace Blades

| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|-------|---|---|
| | emale White Single, Widowco.Single (Write the word) | September (Month) St. (Day) 1931 (Year) |
| 6 1 | DATE OF BIRTH | 17 I HEREBY CERTIFY, That Dattended the deceased from |
| | September 28th , 1 930 (Month) (Day) (Year) | that I last saw her alive on long, \$\frac{13}{13} |
| 7 / | GE If LESS than | and that death occurred on the date spoted above, at 12 a 55 mm. |
| | I dayhrs. | The CAUSE OF DEATH * was as follows: |
| - | **** yrs. 11 mos. 4 ds. or min.? | and the second |
| 19 | a) Trade, profession or articular kind of work None | The Thing |
| b | o) General nature of industry usiness, or establishment in which employed or (employer) | (Duration) Jyrs. Thos. S. de. |
| 9 8 | (State or country) Maryland | Contributory Secondary (Durstion) yes mes ds. |
| | 10 NAME OF FATHER William E.Blades | (Signed) / Carlowing M. D. |
| RENTS | OF FATHER (State or country) Maryland | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| PARE | of Mother Thelma Mason | 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents) |
| | 13 BIRTHPLACE OF MOTHER (State or Country) Virginia | At place of deathyrsds. In the Stateyrsds, |
| 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| | (Informant) Thelma Mason Blades | Former or usual residence |
| | | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| | (Address) Pocomoke City, Maryland. | Greenwood Cemetary Sept. 2nd. 19.31 |
| 15 | Filed 9/2/31 192 Mr. John T. Pilly (Registrat | POCOMORES POCOMO ReCity |

If more blanks are needed, addrass State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the not gainfully em-(b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus,
"Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"(Exhaustion," "Heart tanue," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earcfully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | | |
|---------------|--|--|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
| 1915 | Attack of epilepsy | 1 week ago | | |
| 1921 | Run over by street car | 1 week ago | | |
| July 5, 1927 | Peritonitis | 3 days ago | | |
| | Other contributory causes of importance | | | |
| May 1,1923 | | 1 year | | |
| 3,1,1000 | | 1 ye | | |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 111/8 |
|--|--|
| 1. PLACE OF DEATH | 940 |
| County O occurred | Registration Dist. No. る。/ |
| Village or on the Village or one of the Control of | No. St., Ward |
| (If Length of rasidence in city or town where death occurredyrsmos. | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds. |
| Stattie Cullie | 13 |
| 2. FULL NAME 7 4 COCO CO COCO | • |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 1. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DEPORCED (Trice May or of) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If marriad, widowed, of divorced MUSBAND of | 22 LUCE EDV CERTIEV THE |
| (or) WIFE of your I for which | 22. HEREBY CERTIFY, That / attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) In Kurulul | last saw her alive on 9/16 , 193/; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the dete stated above, at |
| 33(1) / 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done as SPINNER | - Date of officer |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Anoine Votes |
| work was done, as SILK MILL SAW MILL, BANK, etc. | Might received, |
| O 10. Date deceased last worked at 11. Total time (years) | |
| this occupation (month end spent in this year) | |
| 12. BIRTHPLACE (city or town) Gradeliel | Other Contributory Causes of Importance: |
| (Siala or country) | BAR. Myscautilis |
| II 13. NAME COUVERY | |
| 13. NAME CAUSAN WOULD THE 14. BIRTHPLACE (city or town) ML | Name of operation Dele of |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIOEN NAME SELLY SEARCE | 23. If death was due to external ceuses (VIDLENCE) fill in also the following: |
| 15. MAIOEN NAME SELSY SELVEN 16. BIRTHPLACE (city or town) JAC | Accident, suicida, or homicide? |
| (State or country) | Where did injury occur? |
| 17. INFORMANT CARDEN CA | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION OR REMOVAL | Manner of injury |
| Place Oale 7/8 ,19 | Neture of injury |
| 19. UNOERTAKER Hillians & Williams | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) | If so, specify |
| 20. FILEO 9/17 , 1931 & ECOLY SULLA, | (Signed) M. O. |
| Registrar. | (Address) 4000 400 |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilcpsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

4. S. No. 1

PLACE OF DEATH

| Village or City Berlin and (No | St.: Ward) (If death occur a hospital critical property of the steed of etree number.) |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Jei mal whit Single, Married, Wildow OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Y 17 I HEREBY CERTIFY, That I attended the decease May 23 192/ to Siff 3 |
| (Month) Q (Day) (Year) 7 AGE | that I jast saw her silve on Seft 3 |
| B OCCUPATION IT LESS that I day hre here or min. | The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Manualand | a small himp just about her bladler, 3 mis. Contributory Trobably malignant, Cutor. Secondary |
| 10 NAME OF Thomas, n. Grulling | (Signed) P Callins Seft, 4 1921 (Address) Birthyfria |
| C (Stata or country) many land 12 MAIDEN NAME OF MOTHER | *State the Discase Causing Death, or, in deaths f Violent Causes, atate (1) Mesns of injury and (2) when Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, |
| 13 BIRTHPLACE OF MOTHER (State or country) Wer gina | iente or Recent Residents) At place In the of death yrs ds. State yrs was disease contracted, |
| (Informant) Lucia / Kariq | if not et place of death? Former or usual residence |
| (Address) I farmet Pa | Bylin MA Sept-6, 1 |
| 15 Filed Slept 4 1931 I. V. Jumpred | 20 UNDERTAKER A POLICE ADDRESS |

11179

STATE OF MARYLAND

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more present area and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of werk and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Illousemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer. whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'"". Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, Locomotive engineer For persons who have no occupation Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same discuse. Examples: Cercbrospina to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the DIS Typhoid fever (never rewort "Typhoid Pneumonia",; pneumonia. Bronchopneumonia ("Pneumonia,"

> Approved by telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarconu., American Medical Association.) carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. "Exhaustion," "Hear", "Marasmus," atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumer" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases "Uraemia," "Weakness," etc., when a definite disease Whooping cough; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as Committee on Nomenclature of the Chronic " "Old Age, " "Shock," etc. valvular heart disease; The contributory Always qualify all Mensles;

answered in defail, it will prevent further correspondence. A I the If this certificate is looked over thoroughly and all quastions

permanently filed.

| 9 | , PHYSI- ed. Exact |
|---|---|
| CORD | EXACTL) ly classifi ficate. |
| NEWT | be grated be proper ck of cert |
| WRITE PLAINLY, WHUNFADING INK-THIS IS A PERMANENT ECORD | N. BEvery item of Formation should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |
| -THIS IS | upplied. A terms so t |
| ING INK- | sarefully so H In plain sortant. Se |
| H UNFAL | hould be OF DEATS very im |
| ILY, I | rmation site CAUSE |
| FE PLAIN | m of |
| WRIT | Every ite CIANS SI statemen |
|) | z m |

| 1PLACE OF DEATH | 11180 STATE OF MARYLAND |
|---|--|
| <u> </u> | CERTIFICATE OF DEATH |
| County Worester | (82.0) |
| | Registration Dist. No. 350 |
| Village or City Berlin Md. (No. | St.: Ward) (If death: occurred lead to the state of the s |
| 2FULL NAME CINNIE W | Hale stead of street an number.) |
| PERSONAL AND STATISTICAL PARTICULAR | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED | ound 16 DATE OF DEATH Sept 16, 192/ |
| Timall white (Write the word) | (Month)(Pay)(Year) |
| 6 DATE OF BIRTH | 17 1 HEREBY CERTIFY, That 1 attended the deceased from |
| 74- 25, 1 | (Year) that I last saw h & alive on Sett 5- 198/ |
| (Month) (Day) | 0 /2 |
| 41 6 16 1 de | yhrs. The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION (a) Trade, profession or D | |
| particular kind of work | Cerebal Hamushage |
| (b) General nature of industry basiness, or establishment in | (Durstion) / yrs / mos de |
| which employed or (employer) | Contributory ashutes Defermens |
| 9 BIRTHPLACE (State or country) manufand | Secondary (Duration) yes mos de |
| 10 NAME OF FATHER Q Q Q Q | (Signed) Q Q Jall M. D |
| 11 BIRTHPLACE | Seft 7 1981 (Address) Selw mg |
| OF FATHER (State of country) Maryland 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Many Whaley | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) Manual Canal | At place of deathyrsmosds. In the Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (Informant) Jennie Ballins | Former or usual residence |
| Bas land | 19 PLACE OF BURIAL OR REMOVAL |
| (Addless) | Whaleyulle Whaley m Sefet: 17, 103 |
| Filed 9-19 184 Trelen J. Nay | Ward 20 UNDERTOKER ADDRESS |

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Form laborer, Laborerwithout more precise specification as Day (a) the kind of work and also (b) the -Coal minc, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Examples: Accidental drowning; Struck by railwoy traincan be ascertained as the cause. Always qualify all "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; "Senile," etc.), "Dropsy, ," "Coma," "Convulsions, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| n | 0 | U |
|-----------------------|---|---|
| r | A | B |
| 0 | IS | 4 |
| MARGIN RESERVED FOR B | WRITE PLAINLY, TH UNFADING INK-THIS IS A P. | v item of formation should be carefully supplied. AGE s |
| | PI AINLY, | of ormation |
| | RITE | Item |
| | 3 | > |

V. S. No. 1

| | 11181 | |
|--|---|--|
| PLACE OF DEATH | 111 | STATE OF MARYLAND |
| County Wor center | | CERTIFICATE OF DEATH |
| $\sim 1RD.$ | (31) | Registration Dist. No. 355 |
| Village or City Bulin Md (No. | nama | St.: Ward) (If death occurred In a hospital or institution, give its NAME Instead of street and number.) |
| 2FULL NAME SOURCES SOURCES | | f |
| PERSONAL AND STATISTICAL PARTICULARS | MEDIC | AL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH | Sept. 13 , 1931 |
| 6 DATE OF BIRTH | 17 I HEREBY | (Month) (Day) (Year) (Year) (CERTIFY, That I attended the deceased from |
| Sept 30 18119 | 000000000000000000000000000000000000000 | |
| (Month) (Day) (Year) | that I last saw bee | alive on 19234, |
| 7 AGE If LESS than I day hrs. | and that death occur | rred on the date stated above, at |
| yrs | | |
| B OCCUPATION (a) Trade, profession or | Shr. | Jut refhrelis |
| particular kind of work (b) General nature of industry | *************************************** | |
| business, or establishment in which employed or (employer) | | (Durstion)yrsmosds. |
| 9 BIRTHPLACE | Contributory | |
| (State or country) Maryland | | (Duration) mosds. |
| FATHER OF SAME AND | (Signed) | as. / Jaw M.D. |
| () II BIRTHPLACE | | (Address) Sulling |
| Z (State or Fountry) Waryland | *State the D Violent Causes, s Accidental, Suicidal | visease Causing Death, or, in deaths from tate (1) Means of Injury and (2) Whether or Homicidal. |
| of MOTHER Mary Baker | | SIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER | At place | In the |
| (State or Country) Mary Land | of deathrsr | tracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea | (1)? |
| (Informant) Mrs John Donaway | usual residence | I OR REMOVAL DATE OF BURIAL |
| (Address) Berlin Md. | Overgrun | Berlink Sept 16 1931 |
| Filed 9-15 1981 Felon F. Hayward | M. Pash | a watson Siebyvill |
| If more bianks are needed, address State Registrar | , 16 W. Saratoga St., | Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questo report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term or Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, (b) Grocery.

man, (b) Automobile factory. The materia without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation -Coal minc, etc. Wom-(b)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicidc; Poisoned by American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles inges, pcrilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death (secondary FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) affection need not be Chronic etc. The valvular heart disease, Nomenclature "Haemorrhage, contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Year)

Date of onset

That Wettended deceased from

Was thera an autopsy? ...

(Oey)

S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, lowever, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example 1 | | Example 11 | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis .* | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| PYTERALY W. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

TION is very important. See instructions on back of certificate.

| STATE | OF | MADVI | AND- | CERTIFIC | ATE | OF | DEATH |
|-------|----|-------|------|----------|-----|----|-------|
| SIAIL | Ur | WARIL | ANU- | CERTIFIC | AIL | UL | DEALE |

| STATE OF MARTLAND | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | (B) |
| County Worcesley | Registration Dist. No. 35/ |
| Village or City 22021+elf | |
| | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs, | _mos ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Denjame W. | Straithway |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (purite the word) | |
| Maried married | (Month) (Day) (Yeer) |
| 5a. If married, widowed or divorced HUSBAND of (or) WIFE of Della Head Transfer or Cory WIFE or Corp WIFE or Cory WIFE o | 22. I HEREBY CERTIFY. That I attended deceased from |
| 02-25 18 | 11 |
| 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Month Days If LESS the | |
| 30 8 1 1 day, | hrs. The PRINCIPAL CAUSE OF DEATH and retated causes of importance |
| 8. Trede, protession, or particular | were as follows: |
| kind at work done, as SPINNER, SAWYER, BDDKKEEPER, etc. | Chr. Muyo Cor detes + |
| 9. Industry or business in which work was done, as SILK MILL, | nelo finitio |
| SAW MILL, BANK, etc. | The state of the s |
| 1D. Date deceased last worked at this occupetion (month end spent in this | |
| year) occupation | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) | |
| (State or country) Wa. | |
| 13. NAME TEANSON | |
| 13. NAME Confidence (city or town) Og. | Name of operation Oate of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Zorra Mariner 16. BIRTHPLACE (city or town) III de | 23. If death wes due to externel causes (VIOL ENCE) fill In also the following: |
| o 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| (Stete or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT B. Stanting (Address) Survey Stanting | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Prow Hill Oate 2 2 2 19 19 | Nature of injury |
| 19. UNDERTAKER J. V. Hranno | 24. Was disease or injury in any way related to occupation of deceased? 200 |
| (Address) Snow Itel | If so, specify |
| 20. FILEO 9/28, 1931 RELOY Servit | (Signed) Morrelo Friego M. O. |
| Registra | (Address) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | 4-24 |

| ADDITIONAL SPACE FOR FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------------------|------------|----|-----------|
|------------------------------|------------|----|-----------|

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | 119 |
| County Warushr | Registration Dist. No. 332 |
| Village or City Newarh | NoSt.,Ward |
| | f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth? |
| 11 20 01 | |
| 2. FULL NAME / Kuth / Lirrman | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Flemale 20 OR DIVORCED (write the word) | (Ronth) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBANO of | 22. J HEREBY CERTIFY, That I attended deceased from |
| (or) WIFE of | Sept 13 ,1931, to dept 16, 1931 |
| 6. DATE OF BIRTH (month, day, and year) Mee 31. 1929 | Hast saw her alive on left 16/ 1931; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at _6_3 outn. |
| 1 13 1 day, hrs. or min. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trade, profession, or particular | Gastro - Enteritio 9.13-31 |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. | |
| 9. Industry or business in which work was done, as SILK MILL, | |
| SAW MILL, BANK, etc | |
| this occupation (month and spent in this occupation occupation | |
| Na Va | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| 13. NAME Orban Therrandum | |
| Ε // | Name of operation Date of |
| (State or country) | What test confirmed diagnosis? Was there an aulopsy? |
| 15. MAIDEN NAME Beatrice Bupp | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| E (State or country) Mr. | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Mrs. John Serralum | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Mersans Date Sept. 18, 1931 | Nature of Injury |
| 19 UNDERTAKER 1: W. Burtage | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Berleis Med | If so, specify |
| 20, FILEO Sept 17,1931 IV Muemford | (Signed) 6 M Lawe M.D. |
| 20. FILEO Registrar. | (Address) Berlin my |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The mouth and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example II | | |
|--------------------|--|--|
| uses Date of onset | | |
| 1 week ago | | |
| 1 week ago | | |
| 3 days ago | | |
| | | |
| | | |
| 1 year | | |
| | | |
| | | |

| ADDITIONAL SPACE FOR FURTHER STATEME | ENTS BY | PHYSICIAN |
|--------------------------------------|---------|-----------|
|--------------------------------------|---------|-----------|

V. S. No. 1

| 1PLACE | OF | DEATH | |
|----------|----|---------|--|
| ounty Q1 | 10 | reesles | |

11185

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 353

| Village or City Biship (No | St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.) |
|---|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH |
| 6 DATE OF BIRTH July 3 , 1931 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 7 AGE yrs. 2 mos. 7 ds. or min.? | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: 9 was Caucal to rea Many |
| 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | From her dead Southors from heart ton Durstion) you mos do. |
| 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Will Jones | (Signed) De Coching M. D. |
| OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER CSSOL GOMMON 13 BIRTHPLACE OF MOTHER (State or Country) Mayland | 18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of death yrs described by the state of death yrs described by the state of death described by |
| (Informant) Essie folmson | if not at place of death? Former or usual residence. |
| (Address) Biship, Ind. | Bellin Evergen Sept 11, 19.31. 20 UNDERTAKER ADDRESS |
| Filed Sept 1981 Registrar | m. Pasha watson Selly ville |

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precion mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wombusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, tion applies to each and every person, irrespective of For many occupations a single word or term on For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease (Recommendations on statement of cause of death can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; intercurrent) Chronic etc. The contributory valvular heart disease; affection need not be Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| | | PHYSI- |
|-----------------------------|-----------------------------------|---|
| | CORD | EXACTLY rly classifie |
| DN I | H UNFADING INK-THIS IS A PERMANEY | hould be carefully supplied. ACE should be refully physical ExaCTLY, PHYSICAL DEATH in plain terms so that it may be properly classified. Exact is very important. See instructions on back of certificate. |
| MARGIN RESERVED FOR BINDING | S A PERN | ACE shoul that it me |
| RVED F | C-THIS IS | supplied. Terms so |
| N RESE | JING INK | Sarefully EM in plair |
| MARGII | H UNFAL | hould be corner of DEAT |

| PLACE OF DEATH | STATE OF MARYLAND |
|---|---|
| County Worcester | CERTIFICATE OF DEATH |
| near I + I+ | Registration Dist. No. 354 |
| 2FULL NAME Clara May | St.: Ward) (If death occurred In a hospital or institu- tion, give its NAME In- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Female Color OR RACE SINGLE, MARRIED, Single OR DIVORCED (Write the word) | 16 DATE OF DEATH Sept. 2/, 1923/ (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from Sept. 1923 1. to Sept. 2 , 1931, that I last saw hell slive on Sept. 2 , 1931, |
| 7 AGE 16 yrs. 8 mos. 9 ds. or min.? | |
| (a) Trade, profession or particular kind of work | Syphond Tever |
| (b) General nature of industry business, or establishment in which employed or (employer) | Contributory (Duration) yrs |
| 9 BIRTHPLACE (State or country) Virginia | Secondary (Durstion) yrs. mos. ds. |
| 10 NAME OF Emmett Jones | (Signed) John D. Dickelson M. D. Sub 22, 1931, (Address) Stor Chelon Mid |
| OF FATHER (State or country) Inguia | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Bessie Williams | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) Jugunia | At place In the of death yrs nos ds. State yrs ds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (Informant) Emmett Jones | Former or usual residence |
| (Address) Stockton Und | Old Straid en Set 14 13/ |
| 15 Filed Se 824 18 Hary 12 Jacks | a Rowly Swilly |

If more bianks are meeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a dcfinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enlaborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Cotton mill; (a) Salesman. (b) Grocery; (b) Automobile factory. The material not gainfully em-

Statement of Cause of Death—Name, first, the DIS-LEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Maccident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory. approved by Committee on Nomenclature of the (Recommendations on statement of cause of death American Medical Association.) carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, Chronic etc. valvular heart The contributory Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are necded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I The principal cause of death and related causes Date of onset of importance were as follows: | | | Example II | | |
|---|----------------|--------------|--|---------------|--|
| | | | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arterioselerosis | COT - TOO | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | MAI 3 1957 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | RUBBATTV | July 5, 1927 | Peritonitis | 3 days ago | |
| | | | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |

Every item

| (1 | | PHYSI- Exact |
|---------|----------|---|
| | CORD | should be sated EXACTLY, PHYSI- it may be properly classified. Exact |
| NG | PERMANEN | bergatted be proper |
| BINDING | PERM, | should it may |

| PLACE | OF | DEATH |
|---------|----|--------|
| 1 61106 | VI | PERMIT |

County Worcester

STATE OF MARYLAND CERTIFICATE OF DEATH

| Registration | Dist. | No. | 3 | 9 | (|
|--------------|-------|-----|---|---|---|
|--------------|-------|-----|---|---|---|

Village or CityPocomoke City

St.: Ward)

(If death occurred in a hospital or institu-

| FULL NAME William Lawson Landin | stead of atreet and number.) |
|---|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male White Single, Married (Write the word) | September 30th, 19231 September (Month) 30th (Day) 1931 (Year) |
| 6 DATE OF BIRTH April 5th , 1866 (Month) (Day) (Year) | 17 HEREBY CERTIFY, That Lattended the deceased from 193/. to Sept 30, 193/. that I last saw have alive on Sept 60, 1923/. |
| 7 AGE [If LESS than I day hrs. 65 yrs. 5 mos. 25 ds. or min.? | The CAUSE OF DEATH * was as follows: |
| a) Trade, profession or particular kind of work Carpenter (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | Contributory Secondary |
| Naryland. 10 NAME OF FATHER James H. Landing | (Signed) John D. Shekenson M. D. Ott 1981 (Address) Statistion Ind |
| OF FATHER (State or country) Maryland 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Sallie E.Bonneville 13 BIRTHPLACE OF MOTHER (State or Country) Laryland | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. |
| (Informant) Elton Landing | Where was disease contracted, if not at place of death? Former or usual residence. |
| (Address)Pocomoke City, Karyland. 15 Filed 9 2. 191/ Jun 7 Keley Registrar | Pocomoke City, Nd. 2d undertaker OMAN Date of Burial Oct. 3rd. 19.31 Address Pocomoke City Address Pocomoke City Maryland. |

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from er," etc., without more precise special mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

carbolic acid-probably suicide. The nature of the injury, tetanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, approved accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| STATE OF MARYLAND | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH County Worcester. | Posistantian Six Nr. 3.14 |
| 000000 | Registration Dist. No. 332 |
| / Village or City / Service. | No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) |
| | sds. How long In U. S. if of foreign birth? yrsmosds. |
| 2. FULL NAME Lettie E. Leurs. | |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. | 21. DATE OF DEATH |
| Hemale M OR DIVORCED (zurije the word) | Sept - 1 - , 193 |
| 5a. If married, widowed, or divorced | (Day) (Yaar) |
| HUSBAND of Thomas P. Levis. | 22. I HEREBY CERTIFY, That I ettended deceased from |
| unknown 18 45 | 19 19 19 |
| 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than | t last saw alive on |
| I day,hrs. | The PRINCIPAL CAUSE OF DEATH and releted causes of importance |
| 8. Trade, profession, or particular | were as follows: Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 0.7. 7.16 |
| 9. Industry or business in which | Vente Delation |
| work was done, es SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and spent in this securation (month and spent in this | 0-11-14 |
| 11. Total time (years) this occupation (month and year) year) | The state of the s |
| ~ 0 I | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) [[armstand] (State or country) | - |
| W 13. NAME John Taylor. | |
| 13. NAME John Saylor. 14. BIRTHPLACE (city or town) Manyland | Name of operation Dete of |
| (State or country) | Whet test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Sallie Willis | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 15. MAIDEN NAME Sallie Willis 16. BIRTHPLACE (city or town) Mary Land | Accident, sulcide, or homicide? Dete of Injury19 |
| S (State or country) | Where did injury occur? |
| 17. INFORMANT Mr. Elias Lewis. | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| (Address) Berlin, md. | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Her Trust Date Sent. 4, 193/ | Manner of injury |
| 1000 | Nature of injury |
| 19. UNDERTAKER J. W. Barktuge | 24. Was disease or injury in any way related to occupation of deceased? |
| Level 3 21 ST Val | If so, specify (Signed) |
| 20. FILED 19.5 19.5 Community of Registrar. | (Signed) M. D. |
| If more blanks are needed, address state Registrar, | |

100

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| 1 4 2 2 | Example II | |
|---------------|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| Moy 1,1923 | Gostroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

| ADDITIONAL SPACE FOR F | URTHER | STATEMENTS | BY | PHYSICIAN |
|------------------------|--------|------------|----|-----------|
|------------------------|--------|------------|----|-----------|

TH UNFADING INK--THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WRITE PLAINLY, S. No. 1

N. B.

| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| County Wacestin | CERTIFICATE OF DEATH |
| | Registration Dist. No. 254 |
| 1 the man | |
| Village or ely UCDUN (No.4 | St.: Ward) (If death occurred in a hospital or institu- |
| 2FULL NAME George alfu | ed Manuel stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED AND | 16 DATE OF DEATH PO V 73 21 |
| Male Col WIDOWED. OR DIVORCED OR DIVORCED | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 HEREBY CERTIFY, That I attended the deceased from |
| Sext 17,31 | , 192, 192, |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 AGE [If LESS than | |
| yrs. mos. Coluds, or min. | The CAUSE OF DEATH * was as follows: |
| B OCCUPATION | 0-0-0 |
| (a) Trade, profession or | C. O. T. M. |
| particular kind of work | coo seen by County Muse |
| business, or establishment in | (Duration) yrs. mosda. |
| Which employed or (employer) | Contributory |
| 9 BIRTHPLACE (State or country) Maryland | Secondary (Duration) , , , , , , , , , , , , , , , , , , , |
| 10 NAME OF | (Signal Harry 17 Taylor |
| celet afters / lance | 10-R13 Di William M. |
| OF FATHER | *State the lisease Causing Death, or, in deaths from |
| OF FATHER (State or country) 12 MAIDEN NAME) | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Ceatrice Benneth | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | ienta or Recent Residents) At place In the |
| OF MOTHER (State or Country) Maryland | of deathyrsds. Stateyrsds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of doa.h? |
| Tolai Mila | Former or usual residence |
| (Informant) Golden | A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Swoklyn Md | foremore Cem Sex Zx, 31 |
| 15 Filed Sept With Hary h Tarly | Pernel Henrich Stockling |
| If more banks are needed, addre a tate Kegistra | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, laborer, first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on Or yrs). Farm laborer, (b) Cotton mill; (a) Salesman, At Home, and children, not gainfully emof Occupation-Precise statement of oc-For persons (b) If the occupation has been changed Automobile factory. The materia. Laborer-Coul minc, etc. Womwho have no occupation Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

taken. accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, stated unless important. Example: Measles (disease American Medical Association.) approved (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial by cough; "Marasmus," "Old Age," "Shock," Committee on nephritis, Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart Nomenclature The contributory Always qualify all " "Convulsions, Measles ; disease

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| B | PE | E sh |
|-------------------------|--|---|
| FOR | IS A | AC AC |
| MARGIN RESERVED FOR BIN | TE PLAINLY, W H UNFADING INK-THIS IS A PEI | om of Commation should be carefully supplied. ACE she |
| MARGIN R | UNFADING | ould be care |
| | H | atlon sh |
| | LAINLY | f State |
| | TE F | o me |

V. S. No. 1

N. B.

| County Orcester | CEPTIFICATE OF DEATH |
|---|---|
| County and the state of the stat | Registration Dist. No. 350 |
| Village or City Pocomoke City (No | St.: Ward) (If daath occurred in a hospital or institu- |
| PERSONAL AND STATISTICAL PARTICULA | ARS MEDICAL CERTIFICATE OF DEATH |
| Male White Single, Married, Widowed, OR Divorced (Write the word) | arried September 25th , 19231. September (Month) 25th (Day) 1931 (Year) |
| 6 DATE OF BIRTH | I HEREBY CERTIFY, That I attended the deceased from |
| January 12th., (Month) (Day) | 1 859 (Year) that I last saw h slive on 2 25, 1924, |
| | LESS than and that death occurred on the date stated above, at 11 . 55 Pm. |
| 79 0 17 1 | day hrs. The CAUSE OF DEATH * was as follows: |
| 72 yrs. 8 mos. 13 ds. or | min.? |
| (a) Trade, profession or | ON COMMENT |
| particular kind of work Farmer (b) General nature of industry | The Sulection |
| business, or establishment in | (Durstion) vrs. mos. ds. |
| which employed or (employer) | Contributory Membrane |
| (State or country) Naryland | Secondary Luleule (Duration) 5 yrs mos ds. |
| 10 NAME OF FATHER | (Signed) 4 M. D. |
| Levin Merrill | 9/26 192/ (Address) Jacon Shy Cen |
| OF FATHER Z (State or country) Maryland 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 2 12 MAIDEN NAME OF MOTHER TO THE | 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| Lean Howard | lants or Recent Residents) |
| OF MOTHER (State or Country) Maryland | At place of deathmosds. In the Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED | Where was disease contracted, if not at place of death? |
| (Informant) Mrs. Thomas R. Merrill | Former or usual residence |
| (Address) Pocomoke City, Maryl. | and Pocomoke City, Maryland Sept. 27, 1931 |
| 15 Filed Sep 26 19231 John T Rel | 20 UNDERTAKER POCOMOKE City |
| | - WANTAVOVICE COMPANY SICKED & SECRETARY |
| If more branks are needed, address Stat | e Registrar, 16 W. Saratoga St., Balto., Requasting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more processed nine, etc. Wom-loborer, Farm loborer, Loborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Houscwife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. or given up on account of the DISEASE CAUSING DEATH rner, (b) Cotton mill; (a) Solesman. (b) Grocery. Foreman, (b) Automobile foctory. The materia. For many occupations a single word or term on Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical forer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

answered in detail, it will prevent further correspondence. All the data-is essential and must be obtained before the certificate

It this certificate is looked over thoroughly and all questions

carbolic acid-probably suicide. The nature of the injury diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a deficit causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved telanus) may be stated under the head of "contributory." occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway troin-Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on or intercurrent) affection need not be Chronic valvular heart disease, Example: Measles (disease etc. The Nomenclature of the contributory

CAUSE mation

V. S. No.

LION

If more blanks are needed, adgress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | | | |
|---|-------------|--|---------------|--|--|
| The principal cause of death and related cause of importance were as follows: | 7 7 | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
| Arteriosclerosis 1 19 | 31 1915 | Attack of epilepsy | 1 week ago | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | | |
| | | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | | |
| | | | - | | |
| | | | 41 | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

PHYSICIANS should state Exact statement of OCCUPA-5. Every item of inforstated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING of certificate. be IARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back mation should be carefully supplied. -WRITE PLA V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 11193 |
|---|--|
| 1. PLACE OF DEATH | (23) |
| County Wycester | Registration Dist. No. 357 |
| Village or City Andle Full | No. St., Ward |
| Length of residence in city or town where death occurred | death occurred in a hospital or institution, give its NAME instead of street and number) _ds. How long in U.S. if of foreign birth? yrs mos ds. |
| 2 FILL MANE Stella F. Phileha | rd |
| (a) Pacidanas: No | St., Ward. |
| (a) Residence: No. (Usual place of abode) | St., Ware. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SSEX 4. COLOR OR TRACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (perice the word) | 21. DATE OF DEATH (Month) (Day) (Page 1) |
| 5a, If married, widowed, or sivered HUSBAND of Come Pilehard | 22. HEREBY CERTIFY That I attended daceased from |
| 6. DATE OF BIRTH (month, day, and year) 12, 24, 188/ | I last saw h alive on 9134 , 193/; deeth is said |
| 7. AGE Years Months Days If LESS than 1 day, hrs. or min. | to have occurred on the date steted abova, at |
| 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. | Planton |
| 9. Industry or business in which work was dona, as SILK MITAL, SAW MILL, BANK, etc. | Vulminary sorocuer, 1923 |
| 11. Total time (years) this occupetion (month and yoer) | |
| 12. BIRTHPLACE (city or town) Gradle Control (Stata or country) | Other Contributary Causes of importence: |
| 13. NAME | A |
| 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) | Name of oparetion. Whet test confirmed diagnosis? Linear West here an autopoylo |
| 15. MAIDEN NAME Julia Julia | 23. If deeth wes due to externel causes (VIDL ENCE) fill In elso the following: |
| 15. MAIDEN NAME 16. BIRTHPLACE (city er town) (Stete or country) | Accident, suicide, or homloide? |
| 17, INFORMANT Canal Parason (Address) and deliber mol | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVA Placa Production Date & 11. 14, 19.3.1 | Manner of injury |
| 19. UNDERTAKER W.J. / T. / TE and (Addiess) of the state | 24. Was disease or Injury In any way related to occupetion of deceased? |
| 20. FILED 7/12- 103/ REROY Swith. Registrar. | (Signed) (Address) (Address) (M.D. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

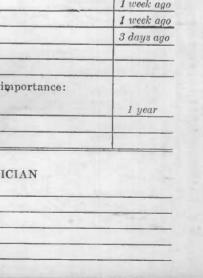
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

| | Example II | | |
|---------------|--|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| 1915 | Attack of epilepsy | 1 week ago | |
| 1921 | Run over by street car | 1 week ago | |
| July 5,1927 | Peritonitis | 3 days ago | |
| | | | |
| | Other contributory causes of importance: | | |
| May 1,1923 | Gastroenteritis | 1 year | |
| | | | |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | RY | PHYSICIAN |
|----------------|----------|------|------------------|--------------|----|-----------|
| TATALATIONIZED | DI ZEUIZ | LOIL | T. O RET TITIZIE | DIVITINITINI | DI | THISICIAN |



V. S. No. 1 B certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

| | 1 | 1 | 0 | al. |
|--|---|---|-----|-----|
| | 1 | 1 | 0,1 | 4 |

| 1. PLACE OF DEATH | 9400 |
|--|--|
| County Wyceshr | Registration Dist. No. |
| Village or City Zivalilio | No. St., War |
| Length of residence in city or town where death occurredyr. | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| | rs,mosds. How long in U.S. if of foreign birth?yrs,mosd |
| 2. FULL NAME COME COME | m |
| (a) Residence: No. Kerdletral, | MaC_ St., Ward. |
| (Usual place of about | |
| PERSONAL AND STATISTICAL PARTICUL 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED 1 | A |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (wind Market) | ty the word) Quantity 27 1921 |
| a. If married, widowad, or divorced | |
| (or) WIFE of X order Xum | 22. HEREBY CERTIFY, Thet I attended daceased from |
| , \$ 78 | 190, 190, 190, 190, 190, |
| AGE Years Months David | f LESS than to have occurred on the date stated above, at 7.304 m. |
| | f LESS than to have occurred on the date stated above, at 7.00 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| , | min. were as follows: Date of onse |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Auroum SAWYER, BOOKKEEPER, etc. | 2 augura Jestirio (?) |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date deceased last worked at this occupetion (month and spent in the | his let q |
| year) occupation | Other Contributory Couses of Importance: |
| 2. BIRTHPLACE (city or town) | <i>x</i> |
| (State or country) | |
| 13. NAME James Hudbow 14. BIRTHPLACE (city or town). Lindbly 11 | |
| 14. BIRTHPLACE (city or town) Wally | Name of operation |
| (State of country) | What test confirmed diagnosis? |
| 15. MAIDEN NAME OUTE Yaylor | 23. If death was due to external causes (VIOLENCE) fill in also tha following: |
| 15. MAIDEN NAME Derre Laylor 16. BIRTHPLACE (city or town) Gralifico | Accident, suicida, or homicide? Date of injury, 19 |
| (State or country) | Whera did injury occur? (Specify city or town, county and State) |
| 7. INFORMANT Wook Hudson (Address) Fralling Md | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 8. BURIAL, CREMATION, OR REMOVAL Place OF Princy Date Peter 2 | Manner of injury |
| Place Date Pur | |
| 9. UNDERTAKER (Address) Sum Yull m | 24. Was diseesa or injury in any way related to occupation of decaasad? |
| 20. FILED 9/28 1931 RECory See | (Signed) To Sou a, Milly M. |
| | Registrar. (Address) TUNN J JUNA |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal eause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | Date of onset |
|--|---------------|--|---------------|
| The principal cause of death and related eauses of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE

N.

| PLACE OF DEATH | STATE OF MARYLAND |
|---|--|
| County Moresty | CERTIFICATE OF DEATH |
| | Registration Dist. No. 352 |
| Village or City in a Cela City (No. | St.: Ward) (If death occurred in a hospital or institu- |
| 2FULL NAME Elsie Ste | tion, give its NAME it- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH SELL. 198 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw h is alive on accordent, 192 |
| 7 AGE A (IIII.ESS than | and that death occurred on the date stated above, at 3-30 A.m. |
| about 1 day hrs. | The CAUSE OF DEATH * was as follows: |
| s occupation grsds. ormin.? | as a result of inquies sustained |
| (a) Trade, profession or particular kind of work | When an abilitibile Newsery |
| (b) General nature of industry | a few tolt Drustrong Crashal into |
| business, or establishment in which employed or (employer) | Willeshow St. Duration) yrs. mos. de. |
| 9 BIRTHPLACE | Contributory Secondary |
| (State or country) | (Duration) yrs, Julie da. |
| 10 NAME OF BY THE PROPERTY OF | (Signed) Levin H. Hall & Comments |
| 11 RIOTHPLACE | 9/4 - 193/ (Address) decar City, Bali |
| OF FATHER Z (State or country) | *State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER ENA Michelly | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | ients or Recent Residents) At place |
| OF MOTHER (State or Country) | of deathyrsmosds. Stateyrsmosds, Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| (Informant) Herry 12 vehasels | Former or usual residence |
| Santal A-0 | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) | N Enforce, Age, John 1951 |
| Filed 9/4/ 192/ J-Sin Mustand Rogistra | M. L. Watson, con Lesford, Del. |
| If more branks are needed, address tate Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

1105

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (the or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the loborer, Farm laborer, Laborer-Coal mine, etc. Wom-Physician, Compositor, Architect, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many oecupations a yrs). (b) Cotton mill; (a) without more precise specification as For persons who have no occupation Salesman. single word or term on Locomotive engineer, As examples: (a) (3) persons en-The ques-Grocery; Day

Statement of Cause of Death—Name, first, the DIS-EASE ('AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (nover report "Typhoid Pneumonia"); Lobar precumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) Letanus) may be stated under the head of "contributory." a parbblic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal eonditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and eonsequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was undercan be ascertained as the eause. Always qualify all causing death), 29 ds.; Bronchopneumonia (seeondary), (seeondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs; men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic Example: Measles (disease affection need etc. The contributory valvular Nomenclature heart Measles; not be discase;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. Mo. 1

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MOTHER FATHER

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | |
| county Wareester | Registration Dist. No. 352 |
| Village or City Bream City | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred | ds. How long in U. S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Daniel S. Sull | ivan |
| (a) Residence: No. | St.,Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) | 21. DATE OF DEATH (youth) . (yay) (Year) |
| Sa. If marriad, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| Just your an | Llast saw has a glive on 1931 : death is said |
| 6. DATE OF BIRTH (month, day, and year) | |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| ormin. | ware as follows: Date of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | (A) h 11. |
| SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, 7 Landau Augusta | Chr Mphrilis |
| work was done, as SILK MILL, Landy Mill, SAW MILL, BANK, etc. | - |
| 10. Oata daceased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (city or town) Walkson (State or country) | Other Contributory Causes of Importance: |
| | |
| E . | Data of |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of Was there an autopsy? |
| | 23. If death was due to external causas (VIOLENCE) fill in also the following: |
| | Accident, suicide, or homicide? |
| O 16. BIRTHPLACE (city or town) | Where did injury occur? |
| 17. INFORMANT Mis. 12 se Sullivan | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Everque Date Acut 10, 1931 | - Nature of injury |
| 19. UNDERTAKER & M. Burkage (Addrass) Burking mid | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILEO 9/10 , 1931 9.8. Muniford | (Signed) Class M.D. (Address) Bishin and |
| If more blanks are needed, address State Registrar | , 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

UNITED STATES STANDARD CERTIFICATE OF DEATH

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1331 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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V. S. No. 1

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| | N. B Every Item of brandton should be carefully supplied. ACE should be stated EXACTLY, PHYSI- | CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact | Statement of OCCUPATION is very important. See instructions on back of hertificate. |
| | | 1 | 1 |
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| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| County WAY OUTER | CERTIFICATE OF DEATH |
| | Registration Dist. No. 352 |
| 1 6 :0:4 | Registration Dist. No. |
| Village or City Osen City (No. | St.: Ward) (If death occurred is a hospital or lastlet tlon, give its NAME is stead of street an |
| 2FULL NAME CONSTRUCTION | number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Y WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH Sel- 18, 192/ (Month) 18 (Day) 93 1 (Year) |
| 8 DATE OF BIRTH | 17 HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw he slive on Septe 5, 192/ |
| 7 AGE [If LESS than | |
| 53 yrs. Smos, 5 ds. or min, | |
| (a) Trade, profession or | with Buryes |
| particular kind of work fully Haller Man | |
| business, or establishment in | (Duration) 2 yrs mos de |
| which employed or (employer) | Contributory Gastrie Teleco |
| State or country) maryland | Secondary (Duration) / yrs |
| 10 NAME OF FATHER James & Thomas | (Signal) Transces V toccher M. D |
| M 11 SIRTHPLACE | Very 10101 (Address) (See Call Her |
| OF FATHER (State or country) Jurgunia 12 MAIDEN NAME | *State the Divase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Hettie M. Powell | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE . OF MOTHER (State or Country) handland | At place of death yrs mos ds. In the State yrs description of death yrs description description of the death yrs description d |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| Lines h Olman | Former or usual residence |
| -(Informant) a grace in the state of | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) (Deean Oily Ma. | Berlin ma Buckenham Sept. 2/193 |
| 15 Filed 9/2/ 1921 DS. Munifus/ Registrar | n Pash a watern Selburill |
| | ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| | Der. |

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scroont, Cook, Housemuid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Farner (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Form laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a especially in industrial employments, it is necesyrs). without more precise specification as Doy For persons who have no occupation Stationary fireman, etc. single word or term on But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

(Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." American Medical Association.) corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by roilway troin-"Exhaustion," "Heart lauure, "Old Age," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Whooping cough; (name origin; "Cancer" is less definite; avoid (secondary unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as or intercurrent) affection need Chronic ," "Coma," "Convulsions, etc. valvular heart The contributory not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| | STATE OF MARYLAND |
|--|---|
| County MMCUSTU | CERTIFICATE OF DEATH |
| 0 0 . 10. | Registration Dist. No. 353 |
| Village or City Sishons (No. 11) | St.: Ward) (If death occurred in a hospital or institution, give its NAME in |
| 2FULL NAME PORTUR Wassel | stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Female (White the word) | 16 DATE OF DEATH 2 7 199 (Month) (Day) (Year) |
| S DATE OF BIRTH Fiel 21, 190 | 17 Sept HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Yea | |
| 30 yrs. 7 mos. ds. or m | hrs. The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work to the work (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yra 3 mos da |
| BIRTHPLACE (State or country) many land | Contributory Secondary (Durstion) 756 |
| 10 NAME OF FATHER William L. Hadson | (Signed) M. D. M. |
| OF FATHER (State or country) manyland | *State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER many & Howard | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) Mayland | At place of deathmosds. In the Stateyrsmosds |
| 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not et place of death? |
| (Informant) Clyma + Davis | Former or usual residence |
| a - la san mid | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) DANNY AFTA | - Besh man lu na let and 19. |

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

en at home, state occupation at beginning of illness. If retired from whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housenuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many household only (not paid Housekeepers who receive a sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Physician, Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day who are engaged in the duties of the (b) Automobile factory. The material For persons who have no occupation 6)

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperitonaeum, etc., Carcinoma, Sarcoma, etc., of resulting from childbirth or miscarriage as cough; or intercurrent) affection need not be ses important. Example: Measles (disease Chronic valvular heart disease, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of cormation should be carefully supplied. ACE should the EXACTLY, PHYSICIANS should are CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of oertificate. RECORD BINDING PERMAN H UNFADING INK--THIS IS A MARGIN RESERVED FOR PLAINLY, WRITE V. S. No. 1

N. B.--

| PLACE OF DEATH | STATE OF MARTLAND |
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| County Marcelsen | CERTIFICATE OF DEATH |
| 100 100 | Registration Dist. No. 254 |
| Hear stire blows | Ca. W. (If death occurred la |
| Village or City (No. | St.: Ward) (If death occurred Im a hospital or institu- |
| 2FULL NAME Stillbow | stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Revolo 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED: OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| Lex 13 31 | , 192, 192, |
| (Month) (Day) (Year) | that I last saw hallve on, 192, |
| 7 AGE If LESS than | and that death occurred on the date stated above, at 81 Y.S. P.m. |
| l dayhrs. | 1964 10/1/1/ |
| yrsds. ormin.? | |
| (a) Trade, profession or | and the same |
| particular kind of work | mortification octor |
| business, or establishment in which employed or (employer) | (Duration) yrs. mos. de. |
| 9 BIRTHPLACE | Contributory |
| (State or country) Manual | (Durstion) yrs |
| ID NAME OF ON | (Signed) Harry Mayly |
| FATHER CLERT OF MANY | le NIL SI |
| U DI BIRTHPLACE OF FATHER | *State the listase Causing Death, or, in deaths from |
| OF FATHER (State or country) 12 MAIDEN NAME) | Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER MANE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | ients or Recent Residents) |
| OF MOTHER SAM | At place of deathyrsmosds. In the Stateyrsmosds. |
| (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea h? |
| I MA | Former or |
| (Informant) Elegand belson, | 19 PLACE OF BURIAL OR REMAYAL DATE OF BURIAL |
| (Address) Swaply Md | Old Strawcem Sextix,31 |
| 15 Solucio 1/2005 10 100 100 | 26 UNDERTAKER D A PRESENTE LEN |
| Mary Mary Maristrai | Tarnel Dennett Swammed |
| If more banks are peeded, address ttate Kegistra | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

er," etc., wiendlabover, labover, labover, are sary to know (a) the kind of work and also (b) the Spinner, should additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. g ged in domestic service for wages, as Servand, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealthe first line will be sufficient, e. g., Farmer or Planter whatever, write Nonc. to report household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Housemuid, etc. If the occupation has been changed Foremon, For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is necesbe used only when needed. As examples: (a) (b) Cotton mill; (a) Salesman, without more precise specification as specifically the occupations of persons en-(b) Automobile factory. The material For persons who have no occupation Laborer-Coal mine, etc. Womsingle word or term on (b) Grocery; The ques-Doy

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

> * telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., scpsis, American Medical Association.) approved carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia, "" "Weakness," etc., when a definite disease "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on cough; important. Chronic Example: Mcasles (disease affection need etc. The contributory valvular heart Nomenclature of the Always qualify all Measles, disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.